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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Anne Holleran
Art Unit: 1643

DATE: January 30, 2006

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 26

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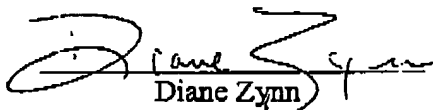
Patent Application No.: 11/140,512; Our Ref. 81863.0040

I hereby certify that the following documents:

☒ Amendment Transmittal Letter/Amendment/Petition for Extension of Time (3 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

January 30, 2006
Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: 571-273-8300 ART UNIT 1643

CLIENT NUMBER: 89188.0130

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 89188.0130
Patent Application No. 09/743,684

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Parkash S. GILL

Serial No: 09/743,684

Confirmation No.: 7332

Filed: April 23, 2001

For: NOVEL INHIBITORS OF ANGIOGENESIS AND
TUMOR GROWTH

Art Unit: 1643

Examiner: Anne Holleran

I hereby certify that this correspondence
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January 30, 2006

Date of Deposit

Diane Zynn

Name

Signature

01/30/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	57	**	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	5	-	7	***	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
Independent Claims 7, 11, 24, 53, 54						TOTAL
						\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

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☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: January 30, 2006

Biltmore Tower
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Independent Claims 7, 11, 24, 53, 54					TOTAL	\$ 0

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